



CITY OF FAIRFAX FIRE DEPARTMENT TRANSPORT BILLING WAIVER POLICY



PURPOSE:

To establish a policy of compassionate billing that allows waiving of ambulance transport fees, based on established Department of Health and Human Service Poverty guidelines, and to abide by decisions made by the Center for Medicare Medicaid Services (CMS) OIG.

SCOPE:

This regulation pertains to all individuals that participate in the City of Fairfax Fire Department or Volunteer Fire Department Inc. emergency and routine operations.

PREFACE:

The charges for EMS transport billing may be waived based upon financial hardship, as determined by the guidelines established by the City of Fairfax, or with the approval of the fire chief, assistant fire chief or by the EMS program manager. These procedures are intended to serve as guidelines and to ensure an audit trail.

PROCEDURES:

All federal HIPAA regulations and privacy laws shall be followed.

Patients who are unable to pay their co-pays, deductibles or who are uninsured and unable to make payments may request a financial hardship review of their transport charge. Patients, or their designee, shall complete the "Request for Transport Fee Hardship Waiver Form" (FDF600). The form is available on the City of Fairfax website: <http://fairfaxva.gov/government/fire-department/operations/ems-transport-billing> or can be requested by calling the billing company at 1-888-469-0755, or the fire department EMS management analyst at 703-385-7940.

The completed form along with proof of income, which may include either a current IRS W2 form, copies of three current pay stubs from the head of household or other documentation supporting the level of income claim, shall be forwarded to the City of Fairfax Fire Department EMS Management analyst at **4081 University Drive, Fairfax, VA 22030**. The EMS management analyst will review the form to determine if the person meets the income guidelines as set forth in the DHHS Poverty Guidelines (Figure 1). The waiver application will be forwarded to the fire chief or designee for review and decision. Final resolution will be noted on the form. If approved for waiver, a copy will be held in the department files for a period of five years. The original form will be transmitted to the billing company authorizing the elimination of the patient's charges. The EMS management analyst will notify the patient as to the final decision.

If the patient does not meet the established guidelines but still requests a waiver, the request may be forwarded to the fire chief for review. The fire chief may decide that the request be forwarded to the billing vendor for a reduction outside the income guidelines and inform the patient of the decision to eliminate the charges, or decide against the waiver. Invoices and payments will be established and maintained by the billing vendor.

If any insured party requires EMS transport within a calendar year that exceeds their policy limits and no additional insurance coverage is available, the fees for service may be considered for waiver.



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If the insurance company deems the transport not medically necessary, the contract billing company will verify the information that was submitted to the insurance company and resubmit the claim for reconsideration. If the insurance carrier still deems the transport not medically necessary, the fire chief or his/her designee will review the individual case for possible waiver of the fees.

Patients will fall into one of the following categories for billing purposes:

Insured through health insurance, Medicare or Medicaid:

The appropriate health insurance carrier will be billed by the billing vendor. Balances remaining after payment by the health insurance carrier will be billed to the patient. Patients who are unable to make their payments may request a financial hardship waiver review of their transport charge.

No Insurance:

A bill will be sent to the patient transported. If the individual has the ability to pay, then payment is expected in full. If the patient can demonstrate financial hardship, they may request to be considered for a payment plan or a hardship waiver review.

Bill Generated/No Collection:

There are instances when a bill is generated which the city would be merely transferring funds from one department's budget to another to satisfy the bill. For example, when an on duty city employee or on duty volunteer fire department member is transported to the hospital for compensable workers compensation injury. In these instances, the invoice will be submitted to the appropriate insurance carrier and if no payment is made, there will be no requirement to pursue payment of the bill. The billing contractor will update its records to reflect this adjustment.

2012 HHS Poverty Guidelines Chart

Persons in family/household	Poverty guideline
1	\$11,170
2	15,130
3	19,090
4	23,050
5	27,010
6	30,970
7	34,930
8	38,890
For families/households with more than 8 persons, add \$3,960 for each additional person.	

Figure 1